Downloaded from <https://www.velvetjobs.com/job-descriptions/medical-claims-analyst>

# Example of Medical Claims Analyst Job Description

Our company is growing rapidly and is searching for experienced candidates for the position of medical claims analyst. Please review the list of responsibilities and qualifications. While this is our ideal list, we will consider candidates that do not necessarily have all of the qualifications, but have sufficient experience and talent.

## Responsibilities for medical claims analyst

* Provides support to the Civil Health Care Fraud Coordinator, ACE Supervisory Investigator and several Assistant United States Attorneys (AUSAs) in furtherance of complex and high profile affirmative civil enforcement cases
* Provides expert claims data, statistical and financial analysis in support of complex civil fraud investigations, including, without limitation, health care fraud
* Coordinates with USAO Information Technology (IT) and Automated Litigation Support (ALS) sections regarding modification of standard systems, to resolve hardware and software problems, and to adapt precedents or make significant departures from standardized approaches to meet user requirements
* Cases handled are complex and require in-depth data analysis to help provide patterns of fraud by organizing, tracking and analyzing thousands or hundreds of thousands of items of evidence, millions of data elements, and may involve untried or especially novel computer or digital imaging applications
* Consults with and advises case teams on best practices for the preparation of documents and how to best use data analysis to support cases
* Assists attorneys with production of electronic data/material both to and from external parties
* Reviews, analyzes and summarizes case data
* Analyzes Medicare, Medicaid, and private insurer databases for potential indicators of fraud and abuse
* Change written off in excess of amounts actually billed
* Identification of refund trends that can be applied across contract base to maximize revenue

## Qualifications for medical claims analyst

* Experience with menu driven system applications
* Must have ICD-10 and DRG coding experience
* Management or team leadership experience, desired
* Strong knowledge of ESI Policy & Procedures
* Strong attention to detail and good retention skills
* Self-motivated and ability to effectively prioritize multi tasks and deadlines